

United States Bankruptcy Court
District of IDAHO • Sub-district of TWIN FALLS

PROOF OF CLAIM
 THIS SPACE IS FOR COURT USE ONLY

Name of Debtor(s):

SCOTT ALFRED HAUERT

Case Number:

04-40281

Chapter:

Trustee:

L D FITZGERALD

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Idaho State Tax Commission

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

Idaho State Tax Commission
 Bankruptcy Unit
 P.O. Box 36
 Boise, ID 83722

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope.

Account or other number by which identifies debtor:

SEE ATTACHMENT

Check below if this claim:

☐ Replaces a previously filed claim dated:

☐ Amends a previously filed claim dated:
1. Basis for Claim☐ Goods sold☐ Services performed☐ Money loaned☐ Personal injury/wrongful death☒ Taxes☐ Other**UNLIQUIDATED LIABILITIES**
☐ Retiree benefits as defined in 11 U.S.C. §1114

☐ Wages, Salaries and compensation (fill out below)

Your SS #:

☐ Unpaid compensation for services performed from _____ to _____

(date) (date)

2. Date debt was incurred:

SEE ATTACHMENT

3. If court Judgment, date obtained:**4. Secured Claim**
☐ Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral: See below

Value of Collateral:

Amount of arrearage and other charges at time the case was filed included in secured claim, if any:

6. Total Amount of Claim at Time Case was Filed

SECURED

UNSECURED PRIORITY

UNSECURED GENERAL

\$0.00

\$1,614.84

\$1,301.91

TOTAL

\$2,916.75

5. Unsecured Priority Claim
☒ Check box if you have an unsecured priority claim

Amount entitled to priority:

\$1,614.84

Specify Priority Of Claim:

☐ Wages, Salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))

☐ Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))

☐ Up to \$2100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))

☐ Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))

☒ Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))

☐ Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)())

* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain. If the documents are voluminous, attach a summary.

9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

03/03/2004

Sign and print the name and title, if any of the creditor or other person authorized to file this claim

Bankruptcy Unit
 Tel. (208) 334-7778

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Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

Proof of Claim - State Tax Liability Itemization

Idaho State Tax Commission
Bankruptcy Unit
P.O. Box 36
Boise, ID 83722

STC Form 10
Attachment

Case Number:

04-40281

Chapter:

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NOTES:

* UNLIQUIDATED LIABILITIES - UNFILED RETURN.

UNSECURED PRIORITY CLAIMS

Note	Taxpayer ID	Taxpayer ID	Tax Type	Tax Period	Tax Due	Interest to Petition Date	Total
*	3357		Indv Income	Dec 2000			
*	3357		Indv Income	Dec 2002	\$500.00	\$92.78	\$592.78
*	3357		Indv Income	Dec 2003	\$500.00	\$22.06	\$522.06
					\$500.00	\$0.00	\$500.00

Total Amount of Unsecured Priority Claims:

\$1,614.84

UNSECURED GENERAL CLAIMS

Note	Taxpayer ID	Taxpayer ID	Tax Type	Tax Period	Tax Due	Interest to Petition Date	Total
*	3357		Indv Income	Dec 1998	\$500.00	\$169.21	\$669.21
*	3357		Indv Income	Dec 1999	\$500.00	\$132.70	\$632.70

Penalty to date of petition on unsecured priority claims (including interest thereon)

\$0.00

Penalty to date of petition on unsecured general claims (including interest thereon)

\$0.00

Total Amount of Unsecured General Claims:

\$1,301.91